# EXHIBIT P

# 20-01010-jlg Doc 38-17 Filed 03/15/21 Entered 03/15/21 13:53:33 Pg 2 of 10



STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY PO BOX 303 TRENTON, NEW JERSEY 08646

Status Report For: GENGER

Reported Date: 10/28/2018 Transaction Number: 60139446

Debtor:

ORLY GENGER 210 LAVACA STREET

UNIT 1903 AUSTIN, TX 78701

DATE FILED:

08/03/2018

FILING NUMBER:

52927456

SECURED PARTY:

ARIE GENGER

17001 COLLINS AVENUE

APT 2805

SUNNY ISLES, FL 33160

Filing History: 08/03/2018

UCC1

Images Available For

Copy Order?

Yes

Number Of Pages:

#### 20-01010-jlg Doc 38-17 Filed 03/15/21 Entered 03/15/21 13:53:33 Exhibit P Pg 3 of 10

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY PO BOX 303 TRENTON, NEW JERSEY 08646

Status Report For: GENGER Transaction Number: 60139446

Reported Date: 10/28/2018

Debtor:

ORLY GENGER

210 LAVACA STREET UNIT 1903

AUSTIN, TX 78701

DATE FILED:

08/03/2018

FILING NUMBER:

52927326

SECURED PARTY:

ARIE GENGER

17001 COLLINS AVENUE

APT 2805

SUNNY ISLES, FL 33160

Filing History: 08/03/2018

UCC1

Images Available For

Yes

Copy Order?

Number Of Pages:

2

#### 20-01010-jlg Doc 38-17 Filed 03/15/21 Entered 03/15/21 13:53:33 Exhibit P Pg 4 of 10

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY PO BOX 303 TRENTON, NEW JERSEY 08646

Status Report For: GENGER

Transaction Number: 60139446

Reported Date: 10/28/2018

Debtor:

ORLY GENGER 210 LAVACA STREET

UNIT 1903 AUSTIN, TX 78701

DATE FILED:

08/03/2018

FILING NUMBER:

52927573

SECURED PARTY:

ARIE GENGER

17001 COLLINS AVENUE

APT 2805

SUNNY ISLES, FL 33160

Filing History: 08/03/2018

UCC1

Images Available For

Yes

Copy Order? Number Of Pages:

UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS					
A. NAME & PHONE OF CONTACT AT FILER (optional)					
Blanca 212	22230400	70-		New Jersey	
B. E-MAIL CONTACT AT FILER (optional) blanca.rodriguez@steinharris.com		Division o	of Revenue	of the Treasury & Enterprise Se Section	rvices
C. SEND ACKNOWLEDGMENT TO: (Name and Address)				iled	
Blanca	_		m/1//		
1211 Avenue of the Americas	Į.			ber:52927326	
40th Floor			08/03/1	8 15:53:25	
New York, NY 10036					
LUS					
1. DEBTOR'S NAME: Provide only one Pobles name (15 codb) (15		THE ABOV	E SPACE IS FO	R FILING OFFICE USE	ONLY
<ol> <li>DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, ful name will not fit in line 1b, leave all of item 1 blank, check here and provide</li> </ol>	ii name; do not omit, r e the Individual Debto	nodity, or abbreviate any r information in item 10 o	part of the Debtor of the Financing St	's name); if any part of the In atement Addendum (Form III)	dividual Debtor's
1a. ORGANIZATION'S NAME				over the barroom (to drift over	
OR					
16. INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
Genger 1c. MAILING ADDRESS	Orly				
210 Lavaca Street, Unit 1903	Austin		STATE	POSTAL CODE	COUNTRY
			TX	78701	US
<ol> <li>DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name will not fit In line 2b, leave all of item 2 blank, check here and provide</li> </ol>	name; do not omit, n	nodify, or abbreviate any	part of the Debtor	's name); if any part of the Ind atement Addendum (Form UC	dividual Debtor's
2a. ORGANIZATION'S NAME	The state of the s	mornador in tem 10 0	tine Financing St	atement Addendum (Form UC	(C1Ad)
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	ISUFFIX
2c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
CECUPED PARTYO					
B. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECTION ASSIGNED A	JRED PARTY): Provi	de only <u>one</u> Secured Par	ty name (3a or 3b	)	
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAME	ADDITION	NAL NAME(S)/INITIAL(S)	SUFFIX
Genger	Arie		7,55,11,01	THE TANALON THE INC.	SUFFIX
3c. MAILING ADDRESS	CITY	***	STATE	POSTAL CODE	COUNTRY
17001 Collins Avenue, Apt 2805	Sunny I	sle <b>s</b>	FL	33160	US
4. COLLATERAL: This financing statement covers the following collateral: All personal and real property and fixtures of the acquired, including all accounts, all reserves, in receivables, letter of credit rights, litigation forms of obligations owing to Secured Party, bank Secured Party's affiliates, general intangibles, trade names, trademarks, trade secrets, customer franchises), all balances, sums and other propert possession or in the possession of any of Secured of the foregoing, including the cash and non-cash	claims and p claims and p cand other of (including wi lists, softw ty at any tim	comments, note proceeds thereo deposits account thout limitati are and all ot the to Debtor's	s, bills, of, proceeds ts, whether on all tax her license credit or:	and chattel paper s of insurance, o r or not reposed refunds, contrac es, rights, privi in Secured Party'	ther with t rights, leges and s
5. Check <u>only</u> If applicable and check <u>only</u> one box: Collateral is held in a Trust (6a. Check <u>only</u> if applicable and check <u>only</u> one box:  Public-Finance Transaction Manufactured-Home Transaction	see UCC1Ad, Item 17			ed by a Decedent's Personal is applicable and check <u>only</u> oneral lien.	e box:
ALTERNATIVE PERSONATION ##	Consignee/Consignor	Seller/Buyer			
B. OPTIONAL FILER REFERENCE DATA:	g. Gorlaight	Gellei/Buyel	Balle	License	e/Licensor

#### UCC FINANCING STATEMENT ADDENDUM

ecause Individual Debtor name did not fit, check here	nancing Statement; if line	TD was left blank	Divi	Depart	ate of Ne ment of t	w Jersey the Treasur Enterprise	y Servic
9a. ORGANIZATION'S NAME			DIVI	SION OF K	UCC Sec File	tion	
				Fil	ing Numbe:	r:52927326	
9b. INDIVIDUAL'S SURNAME Genger				C	18/03/18 1	5:53:25	
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Orly ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX	_				
ADDITIONAL NAME (S) INTERES			TH	E ABOVE SPA	CE IS FOR F	ILING OFFICE U	SE ONLY
DEBTOR'S NAME: Provide (10a or 10b) only one addido not omit, modify, or abbreviate any part of the Debtor's r	itional Debtor name or De name) and enter the maili	ebtor name that did not f ng address in line 10c	t in line 1b or	2b of the Financ	cing Statement (	Form UCC1) (use e	xact, full na
10a. ORGANIZATION'S NAME							
10b. INDIVIDUAL'S SURNAME							
INDIVIDUAL'S FIRST PERSONAL NAME							
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ADDITIONAL SECURED PARTY'S NAME	or TASSIGNO	R SECURED PAR	TY'S NAM	E: Provide only	one name (11a	or 11b)	
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		FIRST PERSONAL NAM	E	TAF	DITIONAL NAM	ME(S)/INITIAL(S)	SUFFIX
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	20-01010-jlg	Doc 38-17	Filed 03/15/21 Pg 7 of	
			3	
UCC	FINANCING STA	TEMENT		

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)
Blanca Rodriguez 2122230400

State of New Jersey

B. E-MAIL CONTACT AT FILER (optional)		Division	epartment	of the	Treasury	
blanca.rodriguez@steinharris.com		DIVISION	of Revenu	e & Ente Section		rvices
C. SEND ACKNOWLEDGMENT TO: (Name and Address)				Filed	•	
Blanca Rodriguez	<del>-</del> 1		Pilin - M		207455	
1211 Avenue of the Americas	1		Filing N	umber:529	927456	
40th Floor	İ		08/03/	18 16:15	:59	
New York, NY 10036						
US	ıi					
03		THE ADO				
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, name will not fit in line 1b. leave all of item 1 blank shock here.	full pages; do not a sit a sit	THE ABO	VE SPACE IS	FOR FILING	OFFICE USE	ONLY
name will not fit in line 1b, leave all of item 1 blank, check here and prov	ide the Individual Debtor info	r, or abbreviate a mation in item 10	ny part of the Deb ) of the Financing	itor's name); if Statement Add	any part of the In	idividual Debtor's
1a. ORGANIZATION'S NAME		···		Oldierine in Tide	Januarii (i biili 80	
0.0						
OR 15. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAM	1E	ADDIT	IONAL NAME	(S)/INITIAL (S)	SUFFIX
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1c. MAILING ADDRESS	GITY		STATE	POSTAL (	2005	
210 Lavaca Street, Unit 1903	Austin		TX	7870		COUNTRY
2 DEBTOR'S NAME: Devide the Day			1	1		US
<ol> <li>DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, 1 name will not fit in line 2b, leave all of item 2 blank, check here and provided in the control of the c</li></ol>	lull name; do not omit, modify	, or abbreviate a	ny part of the Deb	tor's name); if	any part of the In-	dividual Debtor's
2a. ORGANIZATION'S NAME	de the individual Deptor infor	mation in item 10	of the Financing	Statement Add	Jendum (Form UC	CC1Ad)
OR 2b. INDIVIDUAL'S SURNAME	Islant assessment					
ES. INDIVIDUAL O SUTTANINE	FIRST PERSONAL NAM	E	ADDIT	IONAL NAME(	S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS						
26. MAILING ADDRESS	CITY		STATE	POSTALC	ODE	COUNTRY
			İ			
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SE	CURED PARTY): Provide or	ly one Secured F	arty name (3a or	3b)		
3a. ORGANIZATION'S NAME						
OR						
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAM	E	ADDITI	ONAL NAME(	S)/INITIAL(S)	SUFFIX
Genger	Arie		ļ			
3c. MAILING ADDRESS	CITY	····	STATE	POSTAL C	ODE	COUNTRY
17001 Collins Avenue, Apt 2805	Sunny Isl	es	FL	3316	0	US
4. COLLATERAL: This financing statement covers the following collateral:				<del></del>		<u> </u>
All personal and real property and fixtures of	the Debtor and in	terests th	nerein whet	her now	owned or h	ereafter
receivables, letter of credit rights, litigation forms of obligations owing to Secured Party, ba	DK ADO OFFAR dana	cite acces				
Party's possession or in the possession of any	and other propert	y at any t	ime to Deb	tor's cr	edit or in	Secured
and the cash and	non-cash product	s and prod	eeds of al	l of the	na records foregoing	relating
form.		-				±11 011.y
5. Check only if applicable and check only one box: Collateral is held in a Trus	st (see UCC1Ad, item 17 and	Instructions)	hoing administ	orod by a Dani	odont's December	
6a. Check <u>only</u> if applicable and check <u>only</u> one box:	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,	oudoudna)			edent's Personal and check <u>only</u> on	
Public-Finance Transaction Manufactured-Home Transaction	A Debtor is a Transr	nitting (Itility				
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor	Consignee/Consignor			ltural Lien	Non-UCC F	
8. OPTIONAL FILER REFERENCE DATA:	Consignee/Consignor	Seller/Bu	yer Ba	ailee/Bailor	License	ee/Licensor
or or restrict the energy DATA.						

## **UCC FINANCING STATEMENT ADDENDUM**

FOLLOW INSTRUCTIONS									
<ol> <li>NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line because Individual Debtor name did not fit, check here</li> </ol>	ne 1b	was left l	blank	Bini	Dep	rtment	of New of the	Jersey : Treasury terprise :	Services
9a. ORGANIZATION'S NAME				DIVI	SION OI	UC	C Section Filed	on	301 11003
					F	iling 1	Number:5	52927456	
OR 9b. INDIVIDUAL'S SURNAME						08/03	3/18 16:	15:59	
Genger FIRST PERSONAL NAME									
Orly	,								
ADDITIONAL NAME(S)/INITIAL(S)		18	SUFFIX		EAROVE	DACE IS	FOR FULIN	IG OFFICE US	SE ONLY
10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or D	Debtor	r name th	hat did not fit is						
do not omit, modify, or abbreviate any part of the Debtor's name) and enter the ma	iling a	address i	n line 10c						
10a. ORGANIZATION'S NAME									
OR 10b. INDIVIDUAL'S SURNAME					***************************************				
INDIVIDUAL'S FIRST PERSONAL NAME									
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)									SUFFIX
10c. MAILING ADDRESS	CITY	,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		STATE	POSTAL CO	DDE	COUNTRY
11. ADDITIONAL SECURED PARTY'S NAME of ASSIGNOTIAL ORGANIZATION'S NAME	OR S	SECUR	RED PART	Y'S NAM	E: Provide o	only <u>one</u> na	me (11a or 1	1b)	
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OR 11b. INDIVIDUAL'S SURNAME	FIRS	ST PERS	ONAL NAME			ADDITIO	NAL NAME(S	i)/INITIAL(S)	SUFFIX
11c. MAILING ADDRESS	CITY	Y				STATE	POSTAL GO	DDE	COUNTRY
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):	<u> </u>								
13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the	14.	This FIN	ANCING STA	TEMENT:					
REAL ESTATE RECORDS (if applicable)  15. Name and address of a RECORD OWNER of real estate described in item 16	16.		ers timber to be tion of real est		covers as	-extracted	collateral	is filed as a	fixture filing
(if Debtor does not have a record interest):	10.	. 2000. (2							
17. MISCELLANEOUS: The filer attests that the Collateral set forth	in '	this	Financin	d Stat	ement i	s withi	n the so	cope of th	le New
Jersey Uniform Commercial Code-Secured Transaction	ons	purs	uant to	N.J.S.	A. 12A:	9-102 a	ind N.J.	S.A. 12A:9	1-109, as
required by N.J.S.A. 12A:9-502.									

	122230400			New Jersey of the Treasury	
B. E-MAIL CONTACT AT FILER (optional) blanca.rodriguez@steinharris.com C. SEND ACKNOWLEDGMENT TO: (Name and Address)	1	Division of	Revenue UCC	& Enterprise S Section iled	ervices
Blanca Rodriguez 1211 Avenue of the Americas	7	F		ber:52927573	
40th Floor New York, NY 10036 US					
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, name will not fit in line 1b, leave all of item 1 blank, check here and provide only One One of the order o	full name; do not omit, m vide the Individual Debtor	odify or abbreviate any na	rt of the Debte	PR FILING OFFICE USE 's name); if any part of the atement Addendum (Form I	
Th. INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
Genger c. MAILING ADDRESS 210 Lavaca Street, Unit 1903	Orly CHY Austin		STATE TX	POSTAL CODE 78701	COUNTRY
2a. ORGANIZATION'S NAME  R  2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SE	CITY			POSTAL CODE	COUNTRY
S. OPGANIZATION S NAME	ECONED PARTY). PROVID	e only <u>one</u> Secured Party i	name (3a or 3b	)	
Genger	FIRST PERSONAL N	AME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
MAILING ADDRESS 17001 Collins Avenue, Apt 2805  COLLATERAL: This financing statement covers the following collateral:	Sunny Is	sles	STATE FL	POSTAL CODE 33160	COUNTRY
All personal and real property and fixtures of acquired, including all accounts, all reserves, receivables, letter of credit rights, litigatic forms of obligations owing to Secured Party, basecured Party's affiliates, general intangibles rights, trade names, trademarks, trade secrets	on claims and property of the claims and property of the claims and property of the customer lists and other property of the customer lists and other property of the customer lists and other property of the customer lists and other property of the customer lists and other property of the customer lists and other property of the customer lists and other property of the customer lists and property of	cocuments, notes coceeds thereof, eposits accounts thout limitation s, software and erty at any time	proceed, whether all tare all other	and chattel pap s of insurance, c or not reposed k refunds, contr c licenses, righ or's credit or i	er, other with act ts, n Secured
arty's possession or in the possession of any o any of the foregoing, including the cash and	non-cash produ	ees and proceed			
arty's possession or in the possession of any o any of the foregoing, including the cash and orm.	st (see UCC1Ad, item 17	and Instructions) De	ing administere	ed by a Decedent's Persona applicable and check <u>only</u> o	

### **UCC FINANCING STATEMENT ADDENDUM**

LLOW INSTRUCTIONS			_					
NAME OF FIRST DEBTOR: Same as line 1a or 1b on Finan because Individual Debtor name did not fit, check here	ncing Statement; if line 1	b was left blank	Divi	Depar	tment	of New of the	Jersey Treasur terprise	y Service
9a. ORGANIZATION'S NAME			DIVI	SION OI	UC	Section Filed	on	561 1206
				Fi	ling N	Number:5	2927573	
9b. INDIVIDUAL'S SURNAME Genger					08/03	/18 16:	46:43	
FIRST PERSONAL NAME			1					
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DEBTOR'S NAME: Provide (10a or 10b) only one addition do not omit, modify, or abbreviate any part of the Debtor's name	nal Debtor name or Deb ne) and enter the mailing	g address in line 10c	III IAIC ID OI	20 Or the 1 ma	noning one		, ,	
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10b. INDIVIDUAL'S SURNAME								
INDIVIDUAL'S FIRST PERSONAL NAME								
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ic. MAILING ADDRESS	cr	TY		5	STATE	POSTAL CO	DE	COUNTRY
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R 11b. INDIVIDUAL'S SURNAME	FII	RST PERSONAL NAME			ADDITION	IAL NAME(S	)/INITIAL(S)	SUFFIX
IC. MAILING ADDRESS		RST PERSONAL NAME				NAL NAME(S		
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3. This FINANCING STATEMENT is to be filed [for record] REAL ESTATE RECORDS (if applicable)  5. Name and address of a RECORD OWNER of real estate description.	(or recorded) in the	4. This FINANCING ST.	ATEMENT:		STATE	POSTAL CC	DE	COUNTR
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